


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 08, 2004 8:00 am**  
**Secretary of State**

03-08-2004 90034 027 \*\*\*\*61.25

|   |   |
|---|---|
| <b>DOCUMENT # N94000002036</b>                                |  |
| 1. Entity Name<br>SYNAGOGUE COUNCIL OF SARASOTA-MANATEE, INC. |   |

|   |  |
|---|--|
| Principal Place of Business<br>567 BAY ISLES ROAD<br>LONGBOAT KEY, FL 34228 | Mailing Address<br>P.O. BOX 8252<br>LONGBOAT KEY, FL 34228 |
|---|--|

|  |   |
|--|---|
| 2. Principal Place of Business<br>1802 Kenilworth St.<br>Suite, Apt. #, etc. | 3. Mailing Address<br>1682 Pintail Way<br>Suite, Apt. #, etc. |
|--|---|

|                              |                              |
|------------------------------|------------------------------|
| City & State<br>Sarasota, FL | City & State<br>Sarasota, FL |
| Zip<br>34231                 | Zip<br>34231                 |
| Country                      | Country                      |

02112004 Chg-NP CR2E037 (10/03)

|  |                               |
|--|-------------------------------|
| 4. FEI Number<br>65-0485543  | Applied For<br>Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |                               |

## 6. Name and Address of Current Registered Agent

LENK, ELLEN  
4001 OAKLEY GREENE  
SARASOTA, FL 34235

## 7. Name and Address of New Registered Agent

|      |  |
|------|--|
| Name | Street Address (P.O. Box Number is Not Acceptable) |
| City | FL Zip Code  |

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept, the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

## 10. OFFICERS AND DIRECTORS

|  |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VPD<br>SPITALNY, PAULA<br>1682 PINTAIL WAY<br>SARASOTA, FL 34231 <input checked="" type="checkbox"/> Delete                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>ROSENTHAL, JEROME<br>548 SPINNAKER LANE<br>LONGBOAT KEY, FL 34228 <input type="checkbox"/> Delete                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>LENK, ELLEN<br>4001 OAKLEY GREENE<br>SARASOTA, FL <input checked="" type="checkbox"/> Delete                          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TD<br>ELLIS, JONAS<br>3015 SOUTHERN PKWY<br>BRADENTON, FL 34205 <input type="checkbox"/> Delete                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>COHEN, LEONARD G<br>2450 HARBOURSIDE DRIVE, #213<br>LONGBOAT KEY, FL 34228 <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>SPITALNY, PAULA<br>1682 PINTAIL WAY<br>SARASOTA, FL 34231 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S<br>LENK, ELLEN<br>4001 OAKLEY GREENE<br>SARASOTA, FL 34235 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Ellen Lenk Ellen Lenk

3/2/04

941-377-7667

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone